



4-08 Towne Center Drive
North Brunswick, NJ 08902
732-821-3224 Fax 732-821-6565

Dear Homeowner:

For your convenience, Executive Property Management is able to electronically transfer funds from your designated checking or savings account, in order to pay your monthly assessment fee to your community. This process will save you time and costs that normally would be incurred to mail a monthly check to the community.

Enclosed is the withdrawal form you will need to complete in order to activate the direct withdrawal of maintenance fees from your checking or savings account. These withdrawals are normally made by the 5th day of each month.

Please return this completed form to Executive Property Management at the address above. It must be received by no later than the end of the prior month to be able to process the withdrawal for the next month.

Please contact our office with any further questions.

Very truly yours,

Judith Bacci

Judith Bacci
Accounts Receivable Administrator

**Authorization Agreement for Automatic Withdrawal
(ACH Debits)**

I hereby authorize Executive Property Management, hereinafter called "Company", to initiate by electronic means, direct withdrawals (debit entries) from my
 Checking or **Savings** account (select one)
indicated below for purposes of paying my monthly budget assessment fees to the Association named below. Company is also authorized to initiate, if necessary, credit entries and adjustments for any debit entries in error. I authorize my bank to accept and to debit and/or credit the amount of such entries to my account.

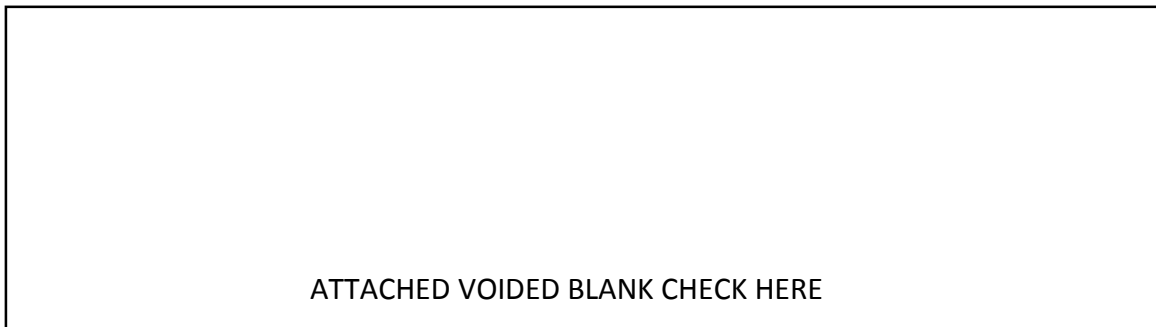
<u>My Bank's Name</u>	<u>Branch</u>
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<u>Bank's Address</u>

<u>Bank Account Number</u>	<u>Transit/Routing Number</u> (9 digit #)
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This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) terminating this process in such time and in such manner as to afford Company and my bank a reasonable opportunity to act on it. In no event shall a termination notice be effective with respect to entries processed by the Company or my bank prior to its receipt.

<u>Association Name</u>	<u>Unit #</u>	<u>Street</u>
<u>Homeowner Name(s)</u> (Please Print)	<u>Telephone #</u>	<u>Effective Month</u>
<u>Homeowner Signature(s)</u>	<u>Email Address</u>	<u>Date</u>



Please return this completed form to EPM with a voided, blank personalized check.